

WIC Directory Revision Form

Please provide the following information and
fax to 907-465-3416 or e-mail christina.eriksen@alaska.gov

Thanks!

Agency Name: _____

Office Hours: _____

Office/Client phone # including ext.: _____

Fax #: _____

Physical Address: _____

Mailing Address: _____

Coordinator (title, phone number, ext, e-mail):

Staff (title, phone #, ext, e-mail)

(Please also include a general LA e-mail, if there is one):
